



## Alcimedès

*“There are three kinds of lies: lies, damned lies, and statistics”* is a phrase that has been attributed to many individuals over the years, most notably the 19th century British Prime Minister Benjamin Disraeli.<sup>1</sup> Although the origins of this saying may be debatable, the sentiment persists to this day, namely that figures can be manipulated and mis-represented to suit the person presenting them.

Government figures are often treated with a hefty pinch of salt, which possibly reflects the mistrust with which the public regards our wondrous politicians. In particular, such cynicism often greets the publication of “official” statistics relating to crime, as they are often perceived to be out of step with public sentiment and media reporting. Where politicians are involved, suspicion is rife.

The latest crime figures for England and Wales were published in July 2012 by the Office for National Statistics as part of the *“Crime Survey for England and Wales”* and concern the year 2011–12.<sup>2</sup> Notably, there has been a reduction in the number of homicides to 550, which represents the lowest figure since 1983 and a 14% reduction when compared with 2010–11. Statisticians argue that this also signifies a downward trend that has persisted in a step-wise fashion since 2002, where the figure was over 1000, and also reflects a (broadly-speaking) similar world-wide reduction. A decrease in the numbers of attempted murders was also documented, with 483 offences as compared with 523 cases the previous year.

Interestingly, the homicide rate for 2002–3 was arguably skewed at 1047 cases<sup>3</sup> as a result of the life and crimes of Dr Harold Shipman: 172 deaths were added to that year’s figures to account for his murders that had occurred over a number of years previously.

Many sections of the media enjoy doctor-bashing and possibly regard it as their public duty to give the seemingly over-paid and self-regulating medics a thoroughly good kicking on a regular basis. Perhaps this is partly an overhang of Shipman’s legacy. It therefore comes as no surprise that there was widespread reporting of doctors’ errors in recent media outlets following a study of hospital mistakes in England.<sup>4</sup> The report, which hailed from the London School of Hygiene and Tropical Medicine, was a retrospective case record review of medical notes from patients who had died in hospital in 2009 and the authors calculated that 5.2% of all hospital deaths had a 50% or greater chance of being preventable. They extrapolated their results to extend across the whole of England and calculated that 11,859 adult hospital deaths in England were preventable that year.

Critics might counter-argue that such “arm-chair” analyses are questionable, as looking at patient care from an outside perspective will not accurately replicate and recall all of

the events that preceded the patients’ deaths. Although note-keeping is an essential component of patient care, time spent filling in paperwork is at the expense of dealing directly with patients: medical notes are principally for the benefit of on-going treatment, rather than the interest of a medical detective several years down the line, armed with his deerstalker, pipe and over-critical magnifying glass. Interestingly, the study looked at data from only 1000 deaths from 10 hospitals. Alcimedès therefore wonders what Benjamin Disraeli would have had to say on these figures and whether his death could have been prevented by doctors paying greater attention to his symptoms and spending less time on the golf course.

Investigators in India have uncovered evidence to suggest that several thousand hysterectomies have been performed needlessly in recent years as part of a widespread insurance scam.<sup>5</sup> The Indian government introduced a scheme in 2007 to provide medical care for millions of citizens who could not afford medical treatment, but preliminary findings implicate connivance between ruthless healthcare professionals, nursing homes and hospitals. 34 private nursing homes and nine doctors are currently being investigated.

Acronyms are very useful and often serve as mnemonics to reflect the main objective of the subject or organisation in question. Quite simply, a catchy abbreviation can grab your attention. For instance, *Action on Smoking and Health* is shortened to ASH and, with a degree of irony in the name, campaigns on smoking-related issues. However, one could question the wisdom of crowbarring an organisation’s aims into an abbreviation simply because it sounds attractive or memorable.

Alcimedès was therefore bemused to read that there is an organisation called *Campaign Against Living Miserably* which has been abbreviated to CALM. Whether such a moniker encourages those of us who are at a low ebb to join up with others who are equally miserable is arguable. Nonetheless, a study by CALM and YouGov of 917 adults from England and Wales suggests that approximately a quarter of the population has considered suicide at some point: 28% of women and 22% of men have contemplated suicide “fairly or very seriously.”<sup>6</sup> The group at highest risk is the male 45–54 age group, with 53% of those surveyed having given serious thought to suicide.

Meanwhile, the University of Manchester’s annual National Confidential Inquiry into suicide and homicide in the UK<sup>7</sup> has

revealed there has been an increase in suicides in those patients with mental health issues in England who are receiving home care compared with hospital in-patient treatment. As the treatment of mental health issues has increasingly moved from the hospital to the home and community over the past ten years, figures from 2009 suggest that there were 195 suicides in those patients in England receiving treatment at home, compared with 84 suicides for in-patients. The Report calls for home treatment teams to be prioritised and placed central to policies in assisting reductions in suicide.

The UK Government is scheduled to produce its latest suicide reduction policy in September 2012.

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The National Treatment Agency has called for greater emphasis to be placed on weaning heroin addicts off substitution therapy, rather than merely maintaining them on methadone and other alternatives for years.<sup>8</sup> The expert group's two year inquiry has requested immediate action to ensure that Opioid Substitution Therapy (OST) signposts addicts to an "exit" with regular review and a clear strategy to be ultimately free from alternatives such as methadone and buprenorphine. The group, headed by Professor John Strang of the National Addiction Centre, argues that "parking"

addicts on heroin alternatives indefinitely is not acceptable practice. Current figures suggest that there are approximately 265,000 heroin addicts in England, 165,000 of whom are engaging in treatment programmes, with 150,000 receiving some form of substitution therapy.

## References

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